



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 15, 2017

Ms. Cheryl Evans-Sensanbaugher
Owner/Administrator
Jack and Cheryl Evans Sensanbaugher
P O Box 214
New Galilee, Pennsylvania 16141

RE: Evan's Personal Care Home
503 Centennial Avenue
New Galilee, Pennsylvania 16141
License #: 417370

Dear Ms. Sensanbaugher:

As a result of the Department of Human Services' licensing inspection on September 15, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

OCT 18 2017

Violation Report: 41737 - 09/15/2017 - Hoover, Josh
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #1, dated 7/4/2016, indicates the home will secure any specialist as needed, the resident and staff will coordinate making appointments, and the home will transport the resident to all appointments.

On 1/1/2017, the primary care provider for Resident #1, referred the resident to Neurology due a diagnosis of Seizure Disorder. However, the home did assist the resident with making an appointment with a neurologist.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Primary Care Provider DID NOT MAKE A referral to a Neurologist IN JAN. However on the visit IN Sept. The Doctor explained to Resident the Recommendation for a Neurologist. The office made the Referral and Appt. WAS MADE by the office. A Referral was never given and Admin. DID NOT have control over Appt. until Doctor's office did their job. Admin. has since followed through with the Appt. which was on Oct. 10, 2017.

Immediately - The administrator will develop a system to ensure all physician orders, including medications and making follow-up appointments are recorded and the orders are followed. If the administrator has any questions about the physician's orders, the administrator shall contact the physician for clarification.

JRW
10/18/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensabaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensabaugh

Date 10/12/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 10/18/17
(Date)

Plan of correction implementation status as of 10/18/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)

OCT 18 2017

Violation Report: 41737 - 09/15/2017 - Hoover, Josh
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

Neither of the 2 windows in Resident #1's bedroom are screened. There were numerous flies in the bedroom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Screen has since been installed
in Resident window

Admin. did not realize Resident had NOT
~~put~~ opened the window that had
a screen on it.

All windows that are to be opened
will have screens on them. At all
times.

Admin. will check weekly

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Senz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cheryl Senz

Date 9-18-17

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CS
(Initials)

Violation Report: 41737 - 09/15/2017 - Hoover, Josh
PCH Name: EVANS PERSONAL CARE HOME

OCT 18 2017

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 5/5/2017, Resident #1 was ordered blood glucose monitoring once daily. However, the home did not begin monitoring the resident's blood glucose until 9/13/2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Per phone call after Blood Draw was Done Resident was told [redacted] was to take Medication for Diabetes. Dr. office did not order glucometer or order for Blood sugar to be done Per visit in Sept. Admin. Asked for glucometer for Resident after Dr. stated to start checking. She has given verbal order for 1x weekly Blood sugar test which is being Done & Recorded.

Immediately - The administrator will develop a system to ensure all physician orders, including medications and making follow-up appointments are recorded and the orders are followed. If the administrator has any questions about the physician's orders, the administrator shall contact the physician for clarification.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Sandaughter

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sandaughter

Date 10-12-17

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RECEIVED

Violation Report: 41737 - 09/15/2017 - Hoover, Josh
PCH Name: EVANS PERSONAL CARE HOME

OCT 18 2017

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment
(3) At the request of the Department upon cause to believe that an update is required.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1 was completed on 7/4/2016.

The assessment for Resident #1, dated 7/4/2016, does not include the diagnoses of cellulitis or sacral wound. The assessment also indicates that Resident #1 is independent with and bladder management. However, the resident has periodic episodes of urinary incontinence and wears incontinence briefs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Cellulitis is a temporary Diagnosis.
Treated with Antibiotics.
Admin. Did NOT feel it was a significant change.

Resident is independent with bladder management because [redacted] changes [redacted] self, bathes + rasp. Reflects a new addendum to correct this.

Immediately - The admnstrator will review the assessments of all current residents, to ensure they are complete.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaur

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaur

Date 10-12-17

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Violation Report: 41737 - 09/15/2017 - Hoover, Josh
PCH Name: EVANS PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #1, dated 7/4/2016, does not include a plan to meet the service need, frequency, or responsible party for severe irritability, as indicated on the assessment dated 7/4/2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident is encouraged to do activity, when Irritable.
Admin. will Review RASP AND INDICATE what
Needs can Be met for service Needed.
this was completed At time of Inspection
Prompt Diversion was written to remove Resident
from situation that causes Irritability

Immediately - The administrator will review
the support plans of all current residents
to ensure they are complete.

Josh Hoover

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaur

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaur

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